



## Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #431

### **Family Care (DHS -- Medical Assistance -- Long-Term Care)**

[LFB 2009-11 Budget Summary: Page 362, #4 and Page 364, #5]

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#### **CURRENT LAW**

The Family Care program provides services to individuals with long-term care needs under a capitated, risk-based payment system. Counties may participate in Family Care, either by offering services provided by aging and disability resource centers (ADRCs), or by providing both ADRC services and offering the Family Care benefit through managed care organizations (MCOs). The Department of Health Services (DHS) operates the program under waivers of federal medical assistance (MA) laws granted by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid (CMS).

Individuals that meet both functional and financial eligibility standards are entitled to a full package of home- and community-based services designed to meet their needs. Under current law, Family Care benefits become an entitlement for all eligible individuals residing in a county for which Family Care benefits are offered 24 months after the effective date for which these benefits first become available. Further, while enrollment in the program is voluntary in counties where Family Care is available, individuals who choose not to enroll do not have access to MA waiver services, since the Family Care benefit replaces the MA waiver services that are currently available in non-Family Care counties.

2007 Wisconsin Act 20 authorized DHS to expand the Family Care program statewide, in all counties that choose to participate in the program. Current law requires DHS to notify the Joint Committee on Finance, under a 14-day passive review process, if DHS proposes to contract with entities to administer the Family Care benefit in geographic areas in which, in the aggregate, resides more than 29 percent of the state population that is eligible for the Family Care benefit. Since the benefit is currently available to more than 29 percent of the state

population that is eligible for the benefit, DHS submits all proposed expansions to the Joint Committee on Finance. Among the items DHS must submit prior to contracting with an MCO is an "estimate of the fiscal impact of the proposed addition that demonstrates that the addition will be cost neutral, including startup, transitional and ongoing operational costs and of any proposed county contribution." If the Committee objects to any submitted proposal, it must then act by holding a formal hearing within 59 working days following the date of notification, otherwise the expansion proposal is deemed approved.

In counties that do not participate in the Family Care program, MA recipients may still receive medically necessary MA-funded long-term care card services, subject to certain limitations, if they require these services. In addition, some MA recipients in the non-Family Care counties that would qualify for institutional care may participate in the MA home and community-based waiver programs, such as the community integration program (CIP IA, CIP IB, CIP II), and the community options waiver program (COP-W). These programs fund certain long-term care services that are not available to all MA recipients (commonly referred to as "card services").

Unlike MA card services, for which providers submit claims for reimbursement to the MA program, MA waiver services are funded from sum certain allocations to counties. Consequently, in many counties, there are waiting lists for these services. Counties also provide their own funds, including community aids and tax levy revenue, to support these long-term care services. The state claims federal MA matching funds for MA-eligible services counties support with these funds.

In 2007-08, DHS paid approximately \$324.5 million (all funds) in capitation payments to MCOs to provide services to Family Care enrollees. Funding provided to support ADRCs is budgeted by calendar year, with total expenditures of approximately \$29.6 million (all funds) in 2008.

## **GOVERNOR**

**Expansion to Additional Counties in the 2009-11 Biennium (LFB Summary Item 4 on Page 362).** Reduce funding by \$3,466,900 (-\$6,197,700 GPR, -\$8,977,100 FED, \$9,111,700 PR and \$2,596,200 SEG) in 2009-10 and provide \$25,481,100 (-\$721,000 GPR, -\$8,701,700 FED, \$32,374,000 PR and \$2,529,800 SEG) in 2010-11 to reflect the net cost of expanding the Family Care program to counties scheduled to begin offering Family Care benefits in the 2009-11 biennium.

*Family Care Expansion.* Reduce funding by \$13,004,600 (-\$11,428,800 GPR, -\$13,233,700 FED, \$9,061,700 PR and \$2,596,200 SEG) in 2009-10 and increase funding by \$9,761,300 (-\$11,698,000 GPR, -\$13,394,500 FED, \$32,324,000 PR and \$2,529,800 SEG) in 2010-11 to reflect the net cost of funding capitation payments to managed care organizations (MCOs) in counties that will begin offering Family Care benefits in the 2009-11 biennium.

*Aging and Disability Resource Centers (ADRCs).* Provide \$4,404,000 (\$3,170,800 GPR and \$1,233,200 FED) in 2009-10 and \$9,378,000 (\$6,752,100 GPR and \$2,625,900 FED) in 2010-11 to fund the costs of operating ADRCs in the seven additional counties that the administration expects to begin implementing the Family Care program during the 2009-11 biennium.

*Family Care Adult Protective Services (APS).* Provide \$935,900 GPR in 2009-10 and \$1,853,900 GPR in 2010-11 to fund APS allocations to the counties where the Family Care program is anticipated to be implemented in the 2009-11 biennium.

*Quality Assurance.* Provide \$4,197,800 (\$1,124,400 GPR, \$3,023,400 FED and \$50,000 PR) in 2009-10 and \$4,487,900 (\$2,371,000 GPR, \$2,066,900 FED and \$50,000 PR) in 2010-11 to fund program infrastructure and administrative costs associated with expansion of the Family Care program statewide.

**Advocacy Services, Eligibility, Entitlement and Payments to DD Centers (LFB Summary Item 5 on Page 364).** Make the following changes to the Family Care program.

*Advocacy Services.* Reduce funding by \$175,300 (-\$87,700 GPR and -\$87,600 FED) in 2009-10 and by \$103,200 (-\$51,600 GPR and -\$51,600 FED) in 2010-11 to support the costs of a contract DHS has with Disability Rights Wisconsin to provide advocacy services for individuals under the age of 60 who receive the Family Care benefit. Modify statutory provisions relating to advocacy services by: (a) repealing a requirement that DHS allot \$525,000 annually to support a contract with a provider of advocacy services; and (b) specifying that the provider of advocacy services under the contract have a goal to provide one advocate for every 3,500 individuals under age 60 who receive the Family Care benefit, rather than one advocate for every 2,500 individuals under age 60 who receive the Family Care benefit, as provided under current law.

*Eligibility and Entitlement.* Repeal provisions that provide an exception for individuals that do not meet functional eligibility criteria to qualify for benefits provided under the Family Care program. Currently, a person can receive Family Care benefits even if he or she does not meet functional eligibility for the program if the individual: (a) has a condition that is expected to last at least 90 days or result in death within 12 months; (b) applies within 36 months after the date on which the Family Care benefit is available in the individual's county of residence; and (c) on the date the Family Care benefit became available in the individual's county of residence, the individual was a resident of a nursing home or had been receiving long-term care services under specified programs for at least 60 days.

*MCOs' Responsibility to Make Benefits Available.* Currently, DHS must ensure that a MCO makes Family Care benefits available to all eligible individuals residing in a county for which Family Care benefits are offered within 24 months after the effective date for which these benefits first become available. The bill would lengthen this transition period to 36 months for all managed care organizations that implement the Family Care benefit on or after January 1, 2008. The administration has indicated that it will apply the new transition period to counties

where an MCO begins implementing the Family Care benefit on or after April 1, 2009.

*Definition of Terms by Rule.* Repeal a requirement that DHS define the following terms as part of the rule-making process: (a) primary disabling condition; (b) mental illness; and (c) substance abuse.

*Payments to the State Centers for People with Developmental Disabilities.* Clarify payment responsibility for individuals enrolled in the Family Care program that receive services from one of the state Centers for People with Developmental Disabilities by requiring MCOs to pay the portion of the payment that is for services covered under the Family Care benefit and DHS to pay the remainder of the payment not covered by the federal government.

## **DISCUSSION POINTS**

### **A. Aging and Disability Resource Centers (ADRCs)**

1. ADRCs are meant to be a gateway for all individuals in the state in need of long-term care services, providing "one-stop shopping" for information, assessments, functional eligibility determinations and other preliminary services relating to long-term care. Services provided by ADRCs include: (a) providing information and assistance to individuals in need of long-term care services; (b) benefits counseling; (c) short-term service coordination; (d) functional screens; and (e) enrollment counseling and processing. In addition to assisting potential long-term care users, physicians, hospital discharge planners or other professionals who work with elderly or disabled individuals can use the information services ADRCs provide. ADRCs must provide all of their services, including conducting functional screens, functional eligibility determinations and individual counseling, at no cost.

2. As of June 30, 2009, residents in 55 counties will have access to services provided by ADRCs. Attachment 1 to this paper provides a summary of the counties whose residents will be served by an ADRC as of June 30, 2009. The bill would provide funding for the costs of operating ADRCs in seven additional counties -- Dane, Langlade, Lincoln, Rock, Walworth, Winnebago, and Milwaukee Counties. This would leave 11 remaining counties without an ADRC following the 2009-11 biennium. Attachment 2 to this paper provides a complete list of counties scheduled to begin operating an ADRC on or after July 1, 2009, along with the corresponding start date proposed by the administration.

3. DHS staff argue that the establishment of ADRCs statewide will provide a network of information and assistance to senior citizens and individuals with disabilities beyond entry into Family Care, including prevention and wellness education, and referral to other available community resources. Further, staff emphasize that the centers could offer objective, long-term care options counseling that may help individuals expend personal resources more effectively, potentially delaying the need for reliance on publicly-funded assistance. Should assistance be required, ADRCs offer benefits counseling to ensure that federally-funded options were fully utilized. Finally, the centers provide rapid response and referral to crisis care and protective

services when needed.

4. The contract between an ADRC and DHS assigns responsibilities to each ADRC and allows the ADRC to be reimbursed for its costs in carrying out these required functions, subject to an upper reimbursement limit. Counties are not expected to contribute to the cost of operating ADRCs. State funding to support ADRCs is allocated based on the estimated size of the population served in each area and estimates of the amount of time required to respond to inquiries for various groups of consumers by ADRC employees. The current funding model used by the administration estimates the cost of operating an ADRC at approximately \$487,300 per 1% of the state's adult population residing in the county where an ADRC is located. DHS provides funding to support ADRCs on a calendar year basis. In calendar year 2009, DHS estimated that state support budgeted for ADRCs totaled approximately \$39 million (all funds).

5. Because ADRCs provide services to, and respond to, inquiries from individuals and their families regardless of MA eligibility, federal cost sharing for their operation is limited to the amount that can be documented as supporting services for MA-eligible individuals. It is currently estimated that approximately 28 percent of ADRC expenditures will be eligible for federal MA matching funds in the 2009-11 biennium.

6. In its 2009-11 agency budget submission, DHS requested additional funding to reflect a revision to the ADRC funding model to recognize new estimates of the costs associated with operating an ADRC. These revised estimates were based on a study conducted by the Department that indicated the state was not funding the full costs of operating ADRCs, largely due to increases in: (a) the number of contacts between ADRCs and individuals; (b) time spent per activity; and (c) staff costs. Under the revised model, the total annual cost per 1% of the state's adult population is estimated to be \$575,500. Due to funding constraints, additional funding to reflect the revised model was not provided as part of AB 75.

7. DHS staff indicates that in order to meet the constraints of the current funding model, ADRCs are likely to focus resources on disability benefits counseling and the administration of functional screens. As a result, to stay within their budgeted amounts ADRCs may devote less time and resources towards other activities, such as outreach and public education, long-term care options counseling, crisis coordination of short-term care needs, and transitioning youth from services provided through the public school system to the adult long-term care system. DHS is reviewing the current contractual requirements for ADRCs to see if any modifications are necessary due to funding constraints.

It is important to note that state law does not require ADRCs to be fully reimbursed by the state for their costs of providing services. Support for ADRCs is not an entitlement to counties. Consequently, the scope of services that ADRCs provide is limited to the amount of funding the Legislature budgets for these services.

In light of current funding constraints, the Committee may wish to approve the Governor's recommendations with respect to support for ADRCs (Alternative A1).

8. If the Committee determines that funding ADRCs using the new model proposed by DHS is a priority use of state funds, the Committee could increase funding for ADRCs to reflect the new cost model of \$575,500 per 1% of the adult population. Under this option, funding in the bill would need to be increased by \$8,318,300 (\$5,829,800 GPR and \$2,488,500 FED) in 2009-10 and by \$8,910,200 (\$6,256,000 GPR and \$2,654,200 FED) in 2010-11. This reflects the cost of fully funding all ADRCs, including the seven counties scheduled to begin operating an ADRC in the 2009-11 biennium, under DHS's revised funding model (Alternative A2).

9. As an additional cost saving measure, the administration has proposed delaying implementation of the disability benefits specialist function for the first six months of operation, following expansion into a county. Current statute requires ADRCs to perform disability specialist counseling services, which include providing current, accurate information about the availability of public and private benefits, counseling individuals about eligibility for benefits, and assisting people in applying for available benefits. The administration argues that delaying implementation of the disability specialist function allows DHS staff to focus on transition activities of an ADRC during the initial expansion of an ADRC into a county. Under the current model, DHS estimates the annual cost associated with the disability benefits specialist to be approximately \$50,500 per 1% of the state's adult population residing in the county per year. The total savings that are achieved by delaying these benefits is \$264,000 (\$190,100 GPR and \$73,900 FED) in 2009-10 and \$282,300 (\$203,300 GPR and \$79,000 FED) in 2010-11.

10. Alternatively, if the Committee feels that delaying implementation of the disability benefits specialist function is not an appropriate way to achieve budget savings, the Committee may choose to approve additional funding to support the cost of these services during the initial expansion of an ADRC into a county (Alternative A3).

## **B. Managed Care Organizations**

11. Long-term care services available through the Family Care program are provided by MCOs, which receive capitation payments to support these services. Individuals who enroll in MCOs to receive the Family Care benefit have access to a broad range of services, including MA home- and community-based waiver services and some long-term care MA card services. Attachment 3 lists the MA waiver services currently available to individuals receiving the Family Care benefit. In addition to long-term care services, card services that may be provided through the MCO include (but are not limited to) care provided by nursing homes, home health services, personal care services, medical supplies, physical therapy, and transportation services.

12. MCOs develop and manage a comprehensive network of long-term care services and supports, either through contracts with providers, or by providing care directly through the MCOs' employees. In this way, MCOs, like health maintenance organizations, have an incentive to provide cost-effective care to enrollees. Funding for acute care services, such as hospital and physician services, are not part of the of the monthly capitation rate MCOs receive. These costs are billed to the state MA program on a fee-for-service basis.

13. MCOs contract directly with DHS. The state's MA program makes capitation payments to MCOs, which are funded from a combination of GPR, federal MA matching funds, and county contributions. The capitation payment paid to MCOs represents the average cost calculated across all members of each respective MCO. Average costs reflect the case mix risk based on individuals' level of functional eligibility, labor costs and administrative costs. Capitation rates differ by MCO to reflect different acuity of people serviced by each respective MCO and the costs associated with variation in acuity. Current federal law requires all capitation rates paid by the state to MCOs be actuarially sound. Attachment 4 provides a summary, by MCO, of the 2009 calendar year capitation rates.

14. In 2007-08, payments to MCOs totaled approximately \$324.6 million (all funds). Table 1 provides a summary of the calendar year 2008 capitation rates, enrollment, and capitation payments, by MCO, for 2007-08.

**TABLE 1**

**MCO Capitation Rates\*, Enrollments and Expenditures**

| <u>MCO</u>                     | <u>Cap. Rates<br/>CY 2008</u> | <u>Enrollment<br/>6/30/2008</u> | <u>Cap. Payments<br/>2007-08</u> |
|--------------------------------|-------------------------------|---------------------------------|----------------------------------|
| Care Wisconsin                 | \$2,845                       | 603                             | \$1,296,400                      |
| Community Health Partnership   | 3,245                         | 119                             | 77,200                           |
| Community Care                 | 2,768                         | 2,704                           | 48,690,100                       |
| Community Care of Central WI   | 2,750                         | 960                             | 27,391,800                       |
| Fond Du Lac County MCO         | 2,324                         | 1,012                           | 27,407,600                       |
| La Crosse Co. MCO              | 2,238                         | 1,826                           | 45,330,500                       |
| Milwaukee Co. Dept. on Aging   | 2,221                         | 6,499                           | 164,545,300                      |
| Southwest Family Care Alliance | 2,450                         | <u>366</u>                      | <u>9,824,700</u>                 |
| Total                          |                               | 14,089                          | \$324,563,600                    |

\*For individuals who require a nursing home level of care.

15. As of June 30, 2009, 37 counties will be providing eligible individuals access to Family Care benefits provided by an MCO, with total projected enrollment statewide of approximately 22,600 individuals. Attachment 1 lists the counties that will have begun offering Family Care benefits as of June 30, 2009.

16. The funding in the bill is intended to fully fund capitation payments in current counties, as well as capitation payments in 22 additional counties that DHS expected to begin offering the Family Care benefit by June 30, 2011. Funding for capitation payments in counties that will have begun offering Family Care benefits by June 30, 2009 is included as part of the MA program's cost-to-continue adjustment, which is included as a separate item in the bill. Attachment 2 to this paper provides a list of the counties DHS has assumed will begin offering Family Care

benefits in the 2009-11 biennium, as well as the current implementation schedule for all remaining counties scheduled to begin offering Family Care benefits in the 2011-13 biennium.

17. Table 2 summarizes current estimates of growth in enrollment, costs, and offsetting funding reductions (such as reallocation of base funds that support MA fee-for-service payments and MA waiver services, and anticipated county contributions), by year, under DHS' expansion model through the 2011-13 biennium. Given the potential for variability in anticipated enrollment increases and capitation rates, projections beyond the current budgeting biennium (2009-11) should not be considered precise.

**TABLE 2**

**Estimated MCO Expansion**

|         | Enrollment |            |            | Funding           |                    |                   |                    |
|---------|------------|------------|------------|-------------------|--------------------|-------------------|--------------------|
|         | Waiver     | Wait List  | Total      | GPR/SEG           | FED                | Contributions     | County Total       |
| 2009-10 | 5,924      | 471        | 6,395      | -\$8,674,600      | \$922,800          | \$9,061,700       | \$1,309,800        |
| 2010-11 | 3,874      | 1,806      | 5,680      | -13,705,900       | 35,425,700         | 32,323,900        | 54,043,700         |
| 2011-12 | 108        | 2,390      | 2,498      | 7,475,900         | 78,201,500         | 43,709,600        | 129,387,000        |
| 2012-13 | <u>36</u>  | <u>935</u> | <u>971</u> | <u>35,119,000</u> | <u>109,859,600</u> | <u>36,787,800</u> | <u>181,766,400</u> |
| Total   | 9,942      | 5,603      | 15,545     | \$42,594,900      | \$188,061,100      | \$80,497,400      | \$311,153,400      |

18. The funding provided in AB 75 for capitation payments is based on a model DHS uses to estimate program costs and offsetting savings. The cost model for the expansion of Family Care incorporates: (a) assumptions regarding the anticipated starting dates of services for various counties; (b) target groups of expected enrollees for each county; (c) cost adjustments based on the health and service use histories by population group; (d) information on expected costs based on the utilization patterns of current waiver enrollees and known waitlist populations; (e) estimates of new enrollees based on prior counties' experience with Family Care; (f) program and administrative costs trends adjusted for the difference in expected MCO performance from start-up through stabilization; and (g) other factors based on the costs and operating experiences from the Family Care expansion in Racine and Kenosha counties, the current statewide waiver programs, and the state's eligible population in general.

19. Funding for the expansion of the Family Care program would be supported with: (a) additional state and federal MA funding; (b) reallocations of base funds that currently support MA fee-for-service payments and MA waiver services; and (c) county funds, including community aids and revenue from the county tax levy.

20. As part of the federal American Recovery and Reinvestment Act of 2009 (ARRA) all states are eligible to receive a temporary increase in the federal medical assistance percentage (FMAP). Under the ARRA, all states' FMAP rates are increased by 6.2 percentage points for the



period October 1, 2008 through December 31, 2010. In addition, the ARRA provides that a state can qualify for an additional "unemployment-related FMAP increase" if, during the October 1, 2008 through December 31, 2010 period, the increase in the state's unemployment rate exceeds thresholds established in the ARRA. Using the anticipated blended enhanced FMAP, the Governor's budget bill assumes net additional federal matching funds of \$136,900 in 2009-10 and \$2,810,300 in 2010-11 would be available to reduce the cost of expanding the Family Care program in the 2009-11 biennium.

21. The Governor's bill also assumes the use of additional SEG funding available from the MA trust fund. This funding would be supported with additional federal MA funds the state would receive under the certified public expenditure (CPE) program for services provided to managed care recipients at county and municipal nursing homes. Currently, DHS claims federal MA funds based on losses incurred by municipally-owned nursing homes for serving fee-for-service MA recipients. In order for DHS to claim these additional federal matching funds, the Department would be required to submit an MA state plan amendment to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, for approval. If approved, the administration estimates that an additional \$4,760,200 in 2009-10 and \$2,114,000 in 2010-11 would be deposited to the MA trust fund to be used to fund capitation payments to MCOs. These projected revenues reflect revised estimates from those assumed in AB 75. As a result, GPR funding in the bill should be reduced by \$2,158,500 in 2009-10 and increased by \$487,700 in 2010-11 (Alternative B1)

22. As shown in Table 2, it is estimated that expansion of the Family Care program in the 2009-11 biennium would generate GPR savings of approximately \$22.4 million. The net decrease in GPR funding needed to support capitation payments to MCOs in the expansion counties reflects the impact of a gradual phase-in of enrollment, which includes conversion of individuals currently receiving long-term care services funded through one of the state's long-term care MA waiver programs. The administration's estimates partially reflect projected savings that accrue from providing long-term care services to these individuals on a managed care basis rather than fee-for-service.

23. In addition, the initial contributions by counties also result in savings to the state during the beginning implementation phase of Family Care expansion, since these contributions reduce the state's share of program costs. However, under current law, the state has agreed to a buy-out of a portion of some counties' required contributions, which effectively increases the state's portion of costs in future years. Phased in over a period of five years, starting from the initial date a county implements Family Care, the state will allow a county to reduce its required contribution to the lower of its base amount (defined as the actual amount spent to provide long-term care services in calendar year 2006) or 22% of its calendar year 2006 basic community aid. As shown in Attachment 5, the estimated county contribution can range significantly across counties.

24. While early studies have demonstrated that providing community-based long-term care service options like those offered under the Family Care benefit generally reduce the cost per person of providing long-term care services for most individuals (compared to institutional care),

total program costs are expected to increase over time in excess of the amount that would otherwise be required to support current programs because with the expansion of Family Care, publicly-funded long-term care services would be provided to more people, including people who are currently on waiting lists to receive home and community-based waiver services. In addition, future increases in the acuity level of Family Care participants can also increase the cost of the program following the initial expansion phase.

25. Generally, MCOs are directed to enroll participants in the current home and community-based waiver programs first, followed by individuals on waiting lists for home and community-based services, individuals supported by MA in the community who may have unmet long-term care needs, individuals who are not currently enrolled in MA (and who would not have enrolled except to take advantage of the Family Care benefit), and MA-eligible individuals receiving institutional care who choose to relocate into the community. Contracts between the MCO and DHS include specific ceilings on the number of individuals an MCO may enroll during the initial expansion of Family Care into a county. As a result, MCOs are not permitted to exceed the enrollment projections included as part of the administration's estimates.

26. Some counties have objected to the requirement of a substantial maintenance of effort payment funded by the county levy without any guarantee that the levels of services that these funds currently support will be maintained under a managed care environment. Further, counties have also raised concerns over rising caseloads, increases in the demand for services, and funding reductions included in the biennial budget bill, which they feel will create significant start-up costs to implement Family Care in the 2009-11 biennium.

27. The implementation schedule assumed in the Governor's budget bill is based on the administration's estimate of the earliest possible date to begin Family Care enrollment in each county. While funding in Assembly Bill 75 is based on this implementation schedule, counties retain the ability to choose whether to proceed with Family Care expansion. In addition, all proposed contracts between an MCO and DHS in new expansion counties must first be submitted to the Joint Committee on Finance for approval. As a result, adoption of the Governor's budget bill does not automatically commit a county to the schedule assumed by the administration.

28. While county participation in Family Care is voluntary, some county officials, particularly in Dane and Rock Counties, have expressed concern over the Governor's recommended implementation schedule, and are considering delaying implementation of the Family Care program at least until the 2011-13 biennium. The funding reflected in AB 75 assumes an implementation date of January, 2011 in Dane County and July, 2010 in Rock County.

Because participation in the program by counties is voluntary, no action by the Committee is needed to allow these counties to delay implementation of Family Care in the 2009-11 biennium. However, the funding in the bill is based on certain assumptions regarding the county contributions and cost savings that would be generated from expansion of Family Care in these counties. Specifically, the projected county contributions, combined with estimated savings generated from the transition to managed care, result in net program savings in the 2009-11 biennium. As a result,

any diversion from the assumed implementation schedule may result in higher state costs of supporting the expansion.

If no additional funding is provided in AB 75 to reflect possible delays in the implementation schedule, particularly with respect to Dane and Rock County, DHS would be required to administer the program within the funds provided for the program. Since funding for Family Care is part of the total MA budget, DHS would be required to manage the program within authorized funding available. Alternatively, the Committee could adjust funding provided in AB 75 to reflect the additional cost associated with the delayed implementation of Family Care, particularly in Dane and Rock Counties (Alternative B2).

Finally, the Committee could delete the expansion of Family Care in the 2009-11 biennium, but retain provisions relating to anticipated increases in nursing home CPE claims. However, as previously indicated, additional funding would be needed, since in the 2009-11 biennium, the expansion would result in net savings to the state due to projected offsetting savings of moneys contributed by counties and reductions in other long-term care costs (Alternative B3).

### **C. Related Services and Statutory Changes**

29. The provision in the bill that would have the most significant effect on the costs of the Family Care program is the provision in the bill that would extend, from 24 months to 36 months, the period by which the Family Care benefit would be available to all individuals who qualify for the benefit once the benefit becomes available in a county. In a February 18, 2009, letter to the Co-Chairs, DHS Secretary Timberlake indicated that the effect of reducing the pace of enrollment from individuals on waiting lists would be approximately \$109.2 million (all funds), including \$43.1 million GPR, in the 2009-11 biennium over the amount that would have been spent if the 24-month phase-in schedule had been maintained.

30. To further help manage the costs of expanding Family Care in the 2009-11 biennium, the administration has indicated that it will delay the enrollment of persons currently on the waiting list in Milwaukee County for one year following expansion into the county. The administration argues that the number of individuals currently on the waiting list in Milwaukee County is significant, and that delaying enrollment of these individuals will reduce the cost of the Family Care expansion and give the MCO in Milwaukee County sufficient time to transition current long-term care waiver recipients into the Family Care program. As a result, individuals currently on the waiting list would first be eligible for Family Care benefits beginning in December, 2010.

31. As part of the Family Care expansion, DHS has committed to provide an annual allocation for adult protective services (APS) equal to 2% of the community aids basic county allocation to all Family Care expansion counties to help fund elder adults-at-risk, adults-at-risk, and adult protective service systems. Counties would be eligible for an APS allocation starting three months after implementation of the Family Care program. Assembly Bill 75 provides \$935,900 GPR in 2009-10 and \$1,853,900 in 2010-11 to support APS services. These services include responding to, and reporting alleged abuse, neglect or exploitation, short-term protective

interventions, and reviews of court-ordered placements.

32. Counties currently fund APS services through a combination of the basic community aids allocation, county funds, and administrative funding provided through the state's long-term care MA waiver programs. Once counties begin offering Family Care benefits, funding sources previously allocated to the provision of APS services are reallocated to the Family Care program. DHS has made the commitment to supplement the reallocation of these funding sources by providing counties with additional funding to maintain these services.

33. In addition, the expansion of the Family Care program also involves infrastructure and administrative costs incurred to develop the systems capable of providing long-term care benefits through the program. Infrastructure and administrative costs include external quality review, quality management, actuarial services, disability ombudsmen advocacy services, and information technology. AB 75 would provide funding of \$4,197,800 (\$1,124,400 GPR, \$3,023,400 FED and \$50,000 PR) in 2009-10 and \$4,487,900 (\$2,371,000 GPR, \$2,066,900 FED and \$50,000 PR) in 2010-11 for this purpose.

34. The bill would modify current statute to limit eligibility for Family Care benefits only to individuals that meet the current functional eligibility requirements of the program. A person meets functional eligibility criteria if one of the following applies: (a) the person's functional capacity is at the nursing home level, which is defined as a long-term or irreversible condition, expected to last at least 90 days or result in death within one year of the date of application, and requires ongoing care, assistance or supervision; or (b) the person's functional capacity is at the non-nursing home level, which is defined as having a condition that is expected to last at least 90 days or result in death within one year of the date of application, and is at risk of losing his or her independence or functional capacity unless he or she receives assistance from others. No current enrollees would be affected by this statutory change.

35. Finally, the bill would modify current law to require DHS to maintain at least one advocate for every 3,500 individuals under age 60 who receive the Family Care benefit, rather than one advocate for every 2,500 individuals. This results in savings of \$175,300 (\$87,700 GPR and \$87,600 FED) in 2009-10 and \$103,200 (\$51,600 GPR and \$51,600 FED) in 2010-11. The administration argues that this ratio is similar to the one maintained by the Board on Aging and Long-Term Care. If the Committee feels that one advocate for every 2,500 individuals is more appropriate, the Committee could delete this provision and restore funding to support the contract with Disability Rights Wisconsin (Alternative C2b).

## **ALTERNATIVES**

### **A. Aging and Disability Resource Centers**

1. Approve the Governor's recommended funding for ADRCs.
2. Increase funding in the bill by \$8,318,300 (\$5,829,800 GPR and \$2,488,500 FED)

in 2009-10 and by \$8,910,200 (\$6,256,000 GPR and \$2,654,200 FED) in 2010-11 to reflect the funding needed to support ADRCs, based on DHS' revised funding model.

| <b>ALT A2</b> | <b>Change to Bill<br/>Funding</b> |
|---------------|-----------------------------------|
| GPR           | \$12,085,800                      |
| FED           | <u>5,142,700</u>                  |
| Total         | \$17,228,500                      |

3. In addition to either (1) or (2), eliminate the proposed six-month delay in offering disability specialist services and provide the necessary funding to reflect these additional costs.

a. *Current Funding Model.* Increase funding by \$190,100 GPR and \$73,900 FED in 2009-10 and by \$203,200 GPR and \$79,100 FED in 2010-11.

| <b>ALT A3(a)</b> | <b>Change to Bill<br/>Funding</b> |
|------------------|-----------------------------------|
| GPR              | \$393,300                         |
| FED              | <u>153,000</u>                    |
| Total            | \$546,300                         |

b. *New DHS Funding Model.* Increase funding by \$336,400 GPR and \$130,800 FED in 2009-10 and \$315,500 GPR and \$122,700 FED in 2010-11.

| <b>ALT A3(b)</b> | <b>Change to Bill<br/>Funding</b> |
|------------------|-----------------------------------|
| GPR              | \$651,900                         |
| FED              | <u>253,500</u>                    |
| Total            | \$905,400                         |

4. Delete provisions. This would effectively prevent DHS from funding any additional Family Care ADRCs in the 2009-11 biennium. Reduce funding by \$4,404,000 (-\$3,170,800 GPR and -\$1,233,200 FED) in 2009-10 and \$9,378,000 (-\$6,752,100 GPR and -\$2,625,900 FED) in 2010-11.

| <b>ALT A4</b> | <b>Change to Bill<br/>Funding</b> |
|---------------|-----------------------------------|
| GPR           | -\$9,922,900                      |
| FED           | <u>-3,859,100</u>                 |
| Total         | -\$13,782,000                     |

**B. Managed Care Organizations -- Capitation Payments**

1. Modify the Governor's recommendations, to reflect reestimates of funding needed to

support capitation payments by: (a) reducing funding in the bill by \$2,158,500 GPR in 2009-10 and increasing funding by \$487,700 in 2010-11; and (b) increasing estimates of SEG revenue to the MA trust fund by \$2,158,500 in 2009-10 and reducing estimates by \$487,700 in 2010-11 and making corresponding funding changes from the SEG trust fund for MA benefits costs (\$2,158,500 SEG in 2009-10 and -\$487,700 SEG in 2010-11).

| ALT B1 | Change to Bill   |                  |
|--------|------------------|------------------|
|        | Revenue          | Funding          |
| GPR    | \$0              | -\$1,670,800     |
| SEG    | <u>1,670,800</u> | <u>1,670,800</u> |
| Total  | \$1,670,800      | \$0              |

2. Modify the Governor's recommendations, to reflect reestimates of funding needed to support capitation payments by: (a) reducing funding in the bill by \$2,158,500 GPR in 2009-10 and increasing funding by \$487,700 in 2010-11; and (b) increasing estimates of SEG revenue to the MA trust fund by \$2,158,500 in 2009-10 and reducing estimates by \$487,700 in 2010-11 and making corresponding funding changes from the SEG trust fund for MA benefits costs (\$2,158,500 SEG in 2009-10 and -\$487,700 SEG in 2010-11).

In addition, provide \$2,117,000 (\$9,251,900 GPR, \$1,387,700 FED, and -\$8,522,500 PR) in 2010-11 to reflect the net fiscal effect of delaying Family Care expansion to Dane and Rock County until the 2011-13 biennium.

| ALT B2 | Change to Bill   |                  |
|--------|------------------|------------------|
|        | Revenue          | Funding          |
| GPR    | \$0              | \$7,581,100      |
| FED    | 0                | 1,387,700        |
| PR     | 0                | - 8,522,500      |
| SEG    | <u>1,670,800</u> | <u>1,670,800</u> |
| Total  | \$1,670,800      | \$2,117,000      |

3. Delete provision, except for the reestimate of SEG revenues from nursing homes that serve Family Care enrollees. This would effectively halt all expansion of Family Care MCOs in the 2009-11 biennium.

| ALT B3 | Change to Bill   |                    |
|--------|------------------|--------------------|
|        | Revenue          | Funding            |
| GPR    | \$0              | \$18,639,000       |
| FED    | 0                | 30, 115,600        |
| PR     | 0                | - 41,385,700       |
| SEG    | <u>1,670,800</u> | <u>- 4,125,600</u> |
| Total  | \$1,670,800      | \$3,243,300        |

**C. Related Services**

1. Approve the Governor's recommended funding for ancillary services related to the

expansion of Family Care.

2. Delete provision.

| <b>ALT C2</b> | <b>Change to Bill<br/>Funding</b> |
|---------------|-----------------------------------|
| GPR           | - \$6,285,200                     |
| FED           | - 5,090,300                       |
| PR            | <u>- 100,000</u>                  |
| Total         | - \$11,475,500                    |

**D. Statutory Changes -- Advocacy Services**

1. Adopt all of the Governor's recommended statutory changes to the program.
2. Delete the provisions that would require DHS to ensure that there is at least one advocate for every 2,500 individuals under age 60 who receive the Family Care benefit. In addition, provide an additional \$175,300 (\$87,700 GPR and \$87,600 FED) in 2009-10 and \$103,200 (\$51,600 GPR and \$51,600 FED) in 2010-11 to reflect this change.

| <b>ALT D2</b> | <b>Change to Bill<br/>Funding</b> |
|---------------|-----------------------------------|
| GPR           | \$139,300                         |
| FED           | <u>139,200</u>                    |
| Total         | \$278,500                         |

Prepared by: Cory Kaufman  
Attachment





## ATTACHMENT 1

### Family Care Participation by County As of June 30, 2009

| <u>County</u> | <u>ADRC</u> | <u>CMO</u> | <u>County</u>            | <u>ADRC</u> | <u>CMO</u> |
|---------------|-------------|------------|--------------------------|-------------|------------|
| Ashland*      | x           |            | Marquette*               | x           | x          |
| Barron*       | x           | x          | Milwaukee (elderly only) | x           | x          |
| Bayfield*     | x           |            | Monroe*                  | x           | x          |
| Brown         | x           |            | Outagamie*               | x           |            |
| Buffalo*      | x           | x          | Ozaukee                  | x           | x          |
| Burnett*      | x           | x          | Pepin*                   | x           | x          |
| Calumet*      | x           |            | Pierce                   | x           | x          |
| Chippewa      | x           | x          | Polk*                    | x           |            |
| Clark*        | x           | x          | Portage                  | x           | x          |
| Columbia      | x           | x          | Price*                   | x           |            |
| Crawford*     | x           |            | Racine                   | x           | x          |
| Dodge         | x           | x          | Richland*                | x           | x          |
| Douglas       | x           | x          | Rusk*                    | x           |            |
| Dunn          | x           | x          | Sauk*                    | x           | x          |
| Eau Claire    | x           | x          | Sawyer*                  | x           |            |
| Fond du Lac   | x           | x          | Sheboygan                | x           | x          |
| Forest        | x           |            | St. Croix                | x           | x          |
| Grant*        | x           |            | Trempealeau              | x           | x          |
| Green*        | x           | x          | Vernon*                  | x           | x          |
| Green Lake*   | x           | x          | Washburn*                | x           | x          |
| Iowa*         | x           |            | Washington               | x           | x          |
| Iron*         | x           |            | Waukesha                 | x           | x          |
| Jackson*      | x           | x          | Waupaca*                 | x           |            |
| Jefferson     | x           | x          | Waushara*                | x           | x          |
| Juneau*       | x           |            | Wood*                    | x           | x          |
| Kenosha       | x           | x          |                          |             |            |
| La Crosse*    | x           | x          |                          |             |            |
| Lafayette*    | x           |            |                          |             |            |
| Manitowoc     | x           |            |                          |             |            |
| Marathon*     | x           | x          |                          |             |            |

\*Counties operate ADRC jointly with other counties.

## ATTACHMENT 2

### Proposed Family Care Implementation Schedule

| <u>County</u> | <u>ADRC Start Date</u> | <u>MCO Date</u>  |
|---------------|------------------------|------------------|
| Adams         | 2011-13 Biennium       | 2011-13 Biennium |
| Ashland       | May, 2009              | July, 2009       |
| Bayfield      | May, 2009              | July, 2009       |
| Brown         | January, 2007          | 2011-13 Biennium |
| Calumet       | January, 2007          | January, 2010    |
| Crawford      | June, 2008             | July, 2009       |
| Dane          | November, 2010         | January, 2011    |
| Door          | 2011-13 Biennium       | 2011-13 Biennium |
| Florence      | 2011-13 Biennium       | 2011-13 Biennium |
| Forest        | January, 2007          | 2011-13 Biennium |
| Grant         | June, 2008             | April, 2010      |
| Iowa          | June, 2008             | April, 2010      |
| Iron          | May, 2009              | August, 2009     |
| Juneau        | June, 2008             | July, 2009       |
| Kewaunee      | 2011-13 Biennium       | 2011-13 Biennium |
| Lafayette     | June, 2008             | July, 2009       |
| Langlade      | November, 2010         | January, 2011    |
| Lincoln       | November, 2010         | January, 2011    |
| Manitowoc     | January, 2007          | January, 2010    |
| Marathon      | December, 1999         | November, 2008   |
| Marinette     | 2011-13 Biennium       | 2011-13 Biennium |
| Menominee     | 2011-13 Biennium       | 2011-13 Biennium |
| Milwaukee DRC | August, 2009           | November, 2009   |
| Oconto        | 2011-13 Biennium       | 2011-13 Biennium |
| Oneida        | 2011-13 Biennium       | 2011-13 Biennium |
| Outagamie     | January, 2007          | January, 2010    |
| Price         | May, 2009              | August, 2009     |
| Rock          | May, 2010              | July, 2010       |
| Rusk          | March, 2009            | July, 2009       |
| Sawyer        | May, 2009              | August, 2009     |
| Shawano       | 2011-13 Biennium       | 2011-13 Biennium |
| Taylor        | 2011-13 Biennium       | 2011-13 Biennium |
| Vilas         | 2011-13 Biennium       | 2011-13 Biennium |
| Walworth      | August, 2009           | October, 2009    |
| Waupaca       | January, 2007          | January, 2010    |
| Winnebago     | November-09            | January, 2010    |

## ATTACHMENT 3

### Covered Items and Services under the Family Care Benefit

- Adaptive Aids (general and vehicle)
- Adult Day Care
- Alcohol and Other Drug Abuse Day Treatment Services (in all settings)
- Alcohol and Other Drug Abuse Services, except those provided by a physician or on an inpatient basis
- Care/Case Management (including Assessment and Case Planning)
- Communication Aids/Interpreter Services
- Community Support Program
- Consumer Education and Training
- Counseling and Therapeutic Resources
- Daily Living Skills Training
- Day Services/Treatment
- Durable Medical Equipment, except for hearing aids and prosthetics (in all settings)
- Home Health
- Home Modifications
- Housing Counseling
- Meals: home delivered
- Medical Supplies
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services, except those provided by a physician or on an inpatient basis
- Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and Institution for Mental Disease)
- Nursing Services (including respiratory care, intermittent and private duty nursing) and Nursing Services
- Occupational Therapy (in all settings except for inpatient hospital)
- Personal Care
- Personal Emergency Response System Services
- Physical Therapy (in all settings except for inpatient hospital)
- Prevocational Services
- Relocation Services
- Residential Services: Certified Residential Care Apartment Complex (RCAC), Community-Based Residential Facility (CBRF), Adult Family Home
- Respite Care (for care givers and members in non-institutional and institutional settings)
- Specialized Medical Supplies
- Speech and Language Pathology Services (in all settings except for inpatient hospital)
- Supported Employment
- Supportive Home Care
- Transportation: Select Medicaid covered (i.e., Medicaid covered Transportation Services except Ambulance and transportation by common carrier) and non-Medicaid covered

## ATTACHMENT 4

### Calendar Year 2009 Monthly Capitation Rates Paid to MCOs

| <u>MCO</u>                                  | <u>Nursing<br/>Home Rate</u> | <u>Non-Nursing<br/>Home Rate</u> |
|---|------------------------------|----------------------------------|
| Creative Care Options of Fond du Lac County | \$2,441.23                   | \$715.12                         |
| Western Wisconsin Cares                     | 2,564.33                     | 646.02                           |
| Milwaukee County Department on Aging        | 2,400.28                     | 718.90                           |
| Community Care of Central Wisconsin         | 2,846.20                     | 696.87                           |
| Southwest Family Care Alliance              | 2,695.44                     | 692.19                           |
| Community Care, Inc. (Kenosha/Racine)       | 3,031.48                     | 718.32                           |
| Community Care, Inc. (Teal Region)          | 2,993.39                     | 718.32                           |
| Care Wisconsin                              | 2,927.16                     | 703.11                           |
| Community Health Partnership                | 3,489.47                     | 703.11                           |
| Northern Bridges                            | 2,699.29                     | 703.11                           |

## ATTACHMENT 5

### County Contributions for Family Care

| <u>County</u> | <u>Year 1</u> | <u>Year 2</u> | <u>Year 3</u> | <u>Year 4</u> | <u>Year 5</u> |
|---------------|---------------|---------------|---------------|---------------|---------------|
| Adams         | \$64,135      | \$64,135      | \$64,135      | \$64,135      | \$64,135      |
| Ashland       | 315,828       | 297,719       | 279,610       | 261,501       | 243,392       |
| Barron        | 444,660       | 444,660       | 444,660       | 444,660       | 444,660       |
| Bayfield      | 524,276       | 438,024       | 351,771       | 265,519       | 179,267       |
| Brown         | 4,532,084     | 3,917,809     | 3,303,535     | 2,689,260     | 2,074,985     |
| Buffalo       | 232,323       | 221,470       | 210,616       | 199,763       | 188,910       |
| Burnett       | 194,520       | 191,843       | 189,165       | 186,488       | 183,810       |
| Calumet       | 1,176,529     | 950,443       | 724,356       | 498,270       | 272,184       |
| Chippewa      | 760,293       | 722,977       | 685,662       | 648,346       | 611,030       |
| Clark         | 1,009,956     | 862,657       | 715,359       | 568,060       | 420,762       |
| Columbia      | 2,106,230     | 1,685,672     | 1,265,114     | 844,556       | 423,998       |
| Crawford      | 324,679       | 322,529       | 320,378       | 318,228       | 316,077       |
| Dane          | 19,558,420    | 15,642,096    | 11,725,773    | 7,809,449     | 3,893,126     |
| Dodge         | 1,366,396     | 1,195,350     | 1,024,305     | 853,260       | 682,215       |
| Door          | 466,825       | 412,773       | 358,721       | 304,670       | 250,618       |
| Douglas       | 787,061       | 753,088       | 719,115       | 685,142       | 651,169       |
| Dunn          | 811,982       | 708,087       | 604,192       | 500,297       | 396,401       |
| Eau Claire    | 1,698,176     | 1,558,595     | 1,419,015     | 1,279,434     | 1,139,854     |
| Florence      | 57            | 57            | 57            | 57            | 57            |
| Forest        | 75,024        | 75,024        | 75,024        | 75,024        | 75,024        |
| Grant         | 302,632       | 302,632       | 302,632       | 302,632       | 302,632       |
| Green         | 218,004       | 218,004       | 218,004       | 218,004       | 218,004       |
| Green Lake    | 586,947       | 485,349       | 383,750       | 282,152       | 180,554       |
| Iowa          | 117,953       | 117,953       | 117,953       | 117,953       | 117,953       |
| Iron          | 71,382        | 71,382        | 71,382        | 71,382        | 71,382        |
| Jackson       | 571,901       | 505,874       | 439,847       | 373,819       | 307,792       |
| Jefferson     | 2,026,925     | 1,676,468     | 1,326,011     | 975,554       | 625,097       |
| Juneau        | 111,577       | 111,577       | 111,577       | 111,577       | 111,577       |
| Kenosha       | 2,193,399     | 2,082,383     | 1,971,368     | 1,860,353     | 1,749,337     |
| Kewaunee      | 450,225       | 386,156       | 322,087       | 258,019       | 193,950       |
| Lafayette     | 410,454       | 356,026       | 301,598       | 247,170       | 192,742       |
| Langlade      | 646,007       | 549,386       | 452,765       | 356,144       | 259,523       |
| Lincoln       | 1,125,771     | 916,790       | 707,810       | 498,829       | 289,849       |
| Manitowoc     | 1,158,794     | 1,086,358     | 1,013,921     | 941,485       | 869,048       |
| Marathon      | 3,620,966     | 2,997,046     | 2,373,127     | 1,749,207     | 1,125,287     |

**ATTACHMENT 5 (continued)**

**County Contributions for Family Care**

| <u>County</u> | <u>Year 1</u>    | <u>Year 2</u>    | <u>Year 3</u>  | <u>Year 4</u>  | <u>Year 5</u>  |
|---------------|------------------|------------------|----------------|----------------|----------------|
| Marinette     | \$265,268        | \$265,268        | \$265,268      | \$265,268      | \$265,268      |
| Marquette     | 197,953          | 184,722          | 171,492        | 158,261        | 145,031        |
| Menominee     | 0                | 0                | 0              | 0              | 0              |
| Milwaukee     | 8,305,873        | 8,305,873        | 8,305,873      | 8,305,873      | 8,305,873      |
| Monroe        | 698,862          | 627,909          | 556,955        | 486,001        | 415,047        |
| Oconto        | 1,630,558        | 1,297,842        | 965,126        | 632,410        | 299,694        |
| Oneida        | 408,381          | 388,801          | 369,220        | 349,639        | 330,059        |
| Outagamie     | 2,987,511        | 2,590,951        | 2,194,390      | 1,797,829      | 1,401,268      |
| Ozaukee       | 2,190,999        | 1,787,157        | 1,383,315      | 979,473        | 575,631        |
| Pepin         | 119,713          | 119,713          | 119,713        | 119,713        | 119,713        |
| Pierce        | 334,319          | 327,681          | 321,042        | 314,404        | 307,765        |
| Polk          | 610,810          | 562,210          | 513,611        | 465,011        | 416,412        |
| Price         | 395,635          | 343,621          | 291,607        | 239,594        | 187,580        |
| Racine        | 1,106,213        | 1,106,213        | 1,106,213      | 1,106,213      | 1,106,213      |
| Rock          | 3,559,579        | 3,176,381        | 2,793,183      | 2,409,985      | 2,026,787      |
| Rusk          | 366,768          | 335,435          | 304,103        | 272,770        | 241,438        |
| Sauk          | 1,274,226        | 1,083,382        | 892,537        | 701,693        | 510,849        |
| Sawyer        | 87,961           | 87,961           | 87,961         | 87,961         | 87,961         |
| Shawano       | 638,774          | 569,301          | 499,829        | 430,356        | 360,883        |
| Sheboygan     | 2,330,950        | 2,024,301        | 1,717,652      | 1,411,003      | 1,104,354      |
| St. Croix     | 2,669,902        | 2,096,428        | 1,522,954      | 949,480        | 376,005        |
| Taylor        | 160,621          | 160,621          | 160,621        | 160,621        | 160,621        |
| Trempealeau   | 481,156          | 447,178          | 413,199        | 379,221        | 345,242        |
| Vernon        | 527,913          | 476,513          | 425,114        | 373,714        | 322,315        |
| Vilas         | 195,240          | 194,822          | 194,403        | 193,984        | 193,565        |
| Walworth      | 1,390,495        | 1,230,275        | 1,070,054      | 909,833        | 749,612        |
| Washburn      | 578,294          | 483,286          | 388,277        | 293,268        | 198,260        |
| Washington    | 2,713,307        | 2,226,815        | 1,740,324      | 1,253,833      | 767,341        |
| Waukesha      | 4,379,582        | 3,910,841        | 3,442,100      | 2,973,359      | 2,504,618      |
| Waupaca       | 1,397,312        | 1,156,849        | 916,386        | 675,922        | 435,459        |
| Waushara      | 419,444          | 373,579          | 327,714        | 281,848        | 235,983        |
| Winnebago     | 5,501,277        | 4,524,614        | 3,547,950      | 2,571,287      | 1,594,624      |
| Wood          | <u>1,096,804</u> | <u>1,024,548</u> | <u>952,293</u> | <u>880,038</u> | <u>807,783</u> |
| Total         | \$99,084,091     | \$85,819,482     | \$72,554,873   | \$59,290,263   | \$46,025,654   |